

FORM  
2

Rev  
12/05

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

OIL ☐ GAS ☒ COALBED ☐ OTHER \_\_\_\_\_  
SINGLE ZONE ☐ MULTIPLE ZONE ☒ COMMINGLE ZONE ☐

Refiling ☐  
Sidetrack ☐

Document Number:

400124037

Plugging Bond Surety

3. Name of Operator: WEXPRO COMPANY

4. COGCC Operator Number: 95960

5. Address: P O BOX 45003

City: SALT LAKE CITY State: UT Zip: 84145-0601

6. Contact Name: DEE FINDLAY Phone: (307)352-7554 Fax: (307)352-7575  
Email: dee.findlay@questar.com

7. Well Name: CARL ALLEN Well Number: 41

8. Unit Name (if appl): POWDER WASH Unit Number: COC047671  
A

9. Proposed Total Measured Depth: 9507

WELL LOCATION INFORMATION

10. QtrQtr: SWSW Sec: 28 Twp: 12N Rng: 97W Meridian: 6

Latitude: 40.966933 Longitude: -108.303650

Footage at Surface: 1054 feet FNL/FSL 710 feet FEL/FWL  
FSL FWL

11. Field Name: POWDER WASH Field Number: 69800

12. Ground Elevation: 6660 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 07/21/2010 PDOP Reading: 1.1 Instrument Operator's Name: DAVID KAY

15. If well is ☐ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_ Bottom Hole: FNL/FSL \_\_\_\_\_ FEL/FWL \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 422 ft

18. Distance to nearest property line: 4273 ft 19. Distance to nearest well permitted/completed in the same formation: 869 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
FORT UNION	FTUN			
WASATCH	WSTC			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC081267

22. Surface Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian

23. Is the Surface Owner also the Mineral Owner? ☒ Yes ☐ No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☒ Yes ☐ No

23b. If 23 is No ☐ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bond ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):  
SEE ATTACHED MAP

25. Distance to Nearest Mineral Lease Line: 1590 ft 26. Total Acres in Lease: 760

### DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☒ No If 28, 29, or 30 are "Yes" a pit permit may be required.

31. Mud disposal: ☐ Offsite ☒ Onsite

Method: ☐ Land Farming ☒ Land Spreading ☐ Disposal Facility Other: \_\_\_\_\_

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	20	16	STEEL	0	80	8	80	0
SURF	12+1/4	9+7/8	36	0	1,500	535	1,500	0
1ST	7+7/8	4+1/2	13.5	0	9,507	1,416	9,507	0

32. BOP Equipment Type: ☒ Annular Preventer ☒ Double Ram ☒ Rotating Head ☐ None

33. Comments This well will be drilled directionally and there will be one additional well bore located on the pad to minimize surface disturbance. This pad is covered under the Master Surface Use Plan, dated 01/01/2011.

34. Location ID: \_\_\_\_\_

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☒ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☒ Yes ☐ No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: G. T. NIMMO

Title: OPERATIONS MANAGER Date: \_\_\_\_\_ Email: dee.findlay@questar.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**API NUMBER**

05

Permit Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CONDITIONS OF APPROVAL, IF ANY:**

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

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**Attachment Check List**

Att Doc Num	Name
400124054	LEASE MAP
400124068	TOPO MAP
400125261	PLAT
400127380	FED. DRILLING PERMIT
400127389	FED. DRILLING PERMIT
400127391	DRILLING PLAN
400127392	DRILLING PLAN
400127636	FED. DRILLING PERMIT

Total Attach: 8 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)

**BMP**

Type	Comment

Total: 0 comment(s)